MARYLAND STATE DEPARTMENT OF HEALTH

06314

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit, Rural
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit, Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Dale (Middle) E. (Last) Banks

4. DATE OF DEATH: (Month) 6 (Day) 26 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 19, 1952

9. AGE last birthday: yrs. — If under 1 year: Months 1, Days 7 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): U.S.A. Maryland Balto. Cty.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel F. Banks

14. MOTHER'S MAIDEN NAME: Frances Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Samuel F. Banks, Port Deposit, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Grippe - Upper Respiratory Inf. — Interval Between Onset and Death: 2 days

481X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) - Premature (7 Months)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24, 1952, to June 26, 1952, that I last saw the deceased alive on June 26 1952, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C. F. Johnson M. D. — ADDRESS: Port Deposit Md. — DATE SIGNED: 6/27/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6-28-1952

NAME OF CEMETERY OR CREMATORY: Cokesbury

LOCATION (City, town, or county) (State): Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG.: June 28, 1952

REGISTRAR'S SIGNATURE: Ida M Dougherty act Reg

24. FUNERAL DIRECTOR: Lee A. Patterson & Son. — ADDRESS: Perryville, Md.

205236X323

RECEIVED
JUN 30 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06313

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton; LENGTH OF STAY (In this place) 1 Month; HOSPITAL OR INSTITUTION OR STREET ADDRESS #23 Hollingsworth Manor

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Cecil; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton; STREET ADDRESS (If rural give location) 104 Moffett St.

3. NAME OF DECEASED (Type or Print): (First) Bertha (Middle) Mae (Last) Barrett

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 6/8/1883

9. AGE last birthday: 69 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Penna

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Christman Weaver

14. MOTHER'S MAIDEN NAME: No information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Edward H. Barrett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral accident	5/12/52
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	8 Years.
	(c) Coronary insufficiency	8 years

331X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2, 1952, to June 23, 1952, that I last saw the deceased alive on June 19, 1952, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James L. Johnson	M.D.	245 E. High St., Elkton Md.	June 25, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/26/52	Newark Methodist	Newark, Del.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 26	L H Frazer	H. W. Pippin + Son	Elkton, Md.

D. 12.

RECEIVED
JUN 27 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 16315

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 5230 Central Ave., S. E.

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) W. (Last) BELL

4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 16, 1904

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Unk.

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry U. Bell

14. MOTHER'S MAIDEN NAME: Louise Queen

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWII

16. SOCIAL SECURITY No.: 578-38-2409

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X

Immediate cause (a) Carcinamatosis — Interval Between Onset And Death: Unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of Pancreas — Unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-24-52

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Pancreas

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from 6-17-, 1952, to 6-28-, 1952, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

SIGNATURE E. P. BRANNON, M.D., Chief, Professional Services (Degree or title) ADDRESS VAH, Perry Point, Md. DATE SIGNED 6-29-52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal

DATE THEREOF 6-29-52

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) Ft. Myer, Virginia (State)

DATE REC'D BY LOCAL REGISTRAR June 29 1952

REGISTRAR'S SIGNATURE Ida M. Daugherty act Reg

24. FUNERAL DIRECTOR J. S. Cornish

ADDRESS 2121-10th St., N.W.

CORNISH & CORNISH CO., Washington, D.C.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 1

RECEIVED
JUL 1 1952
BUREAU V. S.

06316

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 119 W. High Street

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Kobler (Last) Burkley

4. DATE OF DEATH (Month) June (Day) 30 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 22 1895
9. AGE last birthday 56 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman - Real Estate & Insurance
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Philadelphia - Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William W. Burkley
14. MOTHER'S MAIDEN NAME Ida Virginia Dunbar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY No. 213-05-6157
17. INFORMANT AND ADDRESS Sister - Helen S. McKnight

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral paralysis	4½ days
260X Antecedent cause(s)	(b) Diabetis Mellitus (about 15 years)	unknown
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerosis	unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to June 30, 1952, that I last saw the deceased alive on June 30, 1952, and that death occurred at 12.00 noon from the causes and on the date stated above.

SIGNATURE (Degree or title) V. H. McKnight, M.D. ADDRESS Elkton - Maryland DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 3/52
NAME OF CEMETERY OR CREMATORY Elkton
LOCATION (City, town, or county) Elkton, (State) Md

DATE REC'D BY LOCAL REG. July 1
REGISTRAR'S SIGNATURE F. K. Frazer
24. FUNERAL DIRECTOR H. W. Kippen & Son ADDRESS Elkton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

1

VS. AIF

RECEIVED
JUL 3 1952
BUREAU V. L.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 16317

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:

COUNTY: Cecil — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Elkton

LENGTH OF STAY (in this place): 26 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md — COUNTY: Cecil

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Childs

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Elna (Middle) (Last) Campbell

4. DATE OF DEATH: (Month) 6 (Day) 27 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-4-1878

9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Childs, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Alexander Campbell

14. MOTHER'S MAIDEN NAME: Mary Ann Gallaher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Wilbur C. Campbell Childs, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause — (a) Arteriosclerotic Cardio-renal disease — Unknown

DUE TO

442X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 19 52 to June 27 19 52, that I last saw the deceased alive on June 27, 19 52 and that death occurred at 12:45 A. m., from the causes and on the date stated above.

SIGNATURE: J. Ralph Andrews Jr. (DEGREE OR TITLE) M.D. ADDRESS Elkton Maryland — DATE SIGNED 6/28/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: June 29-1952 — NAME OF CEMETERY OR CREMATORY: Leeds Methodist — LOCATION (City, town, or county) (State): Leeds, Cecil Co Md

DATE REC'D BY LOCAL REG.: June 28 — REGISTRAR'S SIGNATURE: F K Fragen

24. FUNERAL DIRECTOR — ADDRESS: Joseph R. Grant North East Md

RECEIVED
JUL 1 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit — LENGTH OF STAY (in this place) 73 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Florence (Middle) S. (Last) Clapp				4. DATE OF DEATH (Month) June (Day) 9, (Year) 1952	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 3-19-1879	9. AGE last birthday 73 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Jacob H. Snyder			14. MOTHER'S MAIDEN NAME Caroline Heckart		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY No. None	17. INFORMANT Roy H. Snyder, Jr. 405 Penn Rd. Wynnewood, Pa.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Intestines — INTERVAL BETWEEN ONSET AND DEATH 6 months

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Metastasis, Pelvis Liver

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION May 6-52	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Intestines: Metastasis Abdominal Cavity	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 1, 1952 to June 8, 1952, that I last saw the deceased alive on June 8, 1952, and that death occurred at 12 15A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Florence Henson Mt. ADDRESS Port Deposit, Md. DATE SIGNED 6/9/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 6-11-1952	NAME OF CEMETERY OR CREMATORY West Nottingham	LOCATION (City, town, or county) (State) Colora, Md. Rural
DATE REC'D BY LOCAL REG. June 10, 1952	REGISTRAR'S SIGNATURE Ida M. Daugherty act Reg.	24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.	

VS.A15

RECEIVED
JUN 13 1952
BUREAU V. C

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 19 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:

COUNTY: Cecil — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Perry Point

LENGTH OF STAY (in this place): 1mo, 1day

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: "

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
THOMAS B. EDWARDS	June 15 1952	Male	White	Widowed	9-3-1867	84 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired - Spanish War Veteran		Virginia	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Thomas W.B. Edwards - Deceased	Amanda G. Atwill - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes Spanis American	None	Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause 420.0	(a) Pneumonia, terminal	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Arteriosclerotic heart disease and cardiovascular renal disease	Unknown
	(c) DUE TO Psychosis, acute toxic	6 weeks

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 5-14, 1952, to 6-15, 1952, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. 6-16-52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	6-15-52	Maplewood	Durham, N. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 16 1952	Ida M. Daugherty act Reg.	Pennington & Son	PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
JUN 18 1952
BUREAU

320

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (In this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) C.C. Holling North Manor

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Robert (Last) Ellis
4. DATE OF DEATH (Month) 6 (Day) 17 (Year) 1952
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 3-8-1872
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yardman
10b. KIND OF BUSINESS OR INDUSTRY Amer. Pow. Co.
11. BIRTHPLACE (State or foreign country) Chester Co Pa.
12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME William H. Ellis
14. MOTHER'S MAIDEN NAME Clara English
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 185-09-4336
17. INFORMANT AND ADDRESS Anna Diem, 68, Holling North Manor Elkton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. C. Dodson MD (Degree or title) DME ADDRESS Rising Sun Md. DATE SIGNED 6-17-52.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 20, 1952
NAME OF CEMETERY OR CREMATORY Parkesburg
LOCATION (City, town, or county) Parkesburg (State) Pa.
DATE REC'D BY LOCAL REG. June 17
REGISTRAR'S SIGNATURE F. R. Frazer
24. FUNERAL DIRECTOR H. N. Pippin & Son ADDRESS Elkton, Md.

D.G.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 20 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE El Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) E Main St

3. NAME OF DECEASED (Type or Print) (First) Adelaide (Middle) Foard (Last) Evans
4. DATE OF DEATH (Month) June (Day) 26 (Year) 1952

5. SEX F.
6. COLOR OR RACE Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Aug 4, 1876
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Middletown Del
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Jefferson B. Foard
14. MOTHER'S MAIDEN NAME Fannie Byrne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Stanley Evans, Elkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	4 days
4 1/2 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes	4 years
	(c) Cardio vascular renal	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1923, to 6/26, 1952, that I last saw the deceased alive on 6/26, 1952, and that death occurred at 7:45 p. m., from the causes and on the date stated above.

SIGNATURE J Herbert Bates (Degree or title) M.D. ADDRESS Elkton Md DATE SIGNED 6/27/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 28/52
NAME OF CEMETERY OR CREMATORY Elkton
LOCATION (City, town, or county) (State) Elkton, Md.

DATE REC'D BY LOCAL REG. June 28
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Pippen & Son ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
JUL 1 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place) 20 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Swanwick Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) Swanwick Lane

3. NAME OF DECEASED (Type or Print): (First) MAGGIE (Middle) Edith (Last) EVERETT

4. DATE OF DEATH: (Month) 6 (Day) 27 (Year) 1952

5. SEX F | 6. COLOR OR RACE C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH 10-4-1883 | 9. AGE last birthday 68 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Glasgow, Del. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Prince Smith | 14. MOTHER'S MAIDEN NAME

15. (WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. none | 17. INFORMANT AND ADDRESS Bessie Everett, Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a). Cerebral Accident

IX Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) R E Dodson MD DM E | ADDRESS Rising Sun Md. | DATE SIGNED 6/28-52.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 7/2/52 | NAME OF CEMETERY OR CREMATORY St. Thomas Cemetry | LOCATION (City, town, or county) (State) Glascow, Delaware

DATE REC'D BY LOCAL REG. July 2 | REGISTRAR'S SIGNATURE J R Frazer | 24. FUNERAL DIRECTOR Robert Bell | ADDRESS 909 Poplar St.

JUL 7
BUREAU U. S.
1080

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Elkton; LENGTH OF STAY (In this place) 3 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Md; STREET ADDRESS (If rural give location) Singerly Rd. R. D. #3

3. NAME OF DECEASED (Type or Print): (First) ROSE (Middle) ANNA (Last) EWING

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 9/25/1878

9. AGE last birthday: 73 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Elkton, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James M Moore

14. MOTHER'S MAIDEN NAME: Anna Mc Neal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Mrs. Harry Walters Elkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage Recent	32 hrs
33'X. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senile Arteriosclerosis	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastatic Carcinoma Origin Undetermined — 3 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1949, to June 16, 1952, that I last saw the deceased alive on 16 June, 1952, and that death occurred at 6:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): George A Krein Jr ADDRESS: Elkton Md DATE SIGNED: 16 June '52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 6/19/52; NAME OF CEMETERY OR CREMATORY: Cherry Hill; LOCATION (City, town, or county) (State): Cherry Hill Md.

DATE REC'D BY LOCAL REG.: June 19; REGISTRAR'S SIGNATURE: A R Frazer

24. FUNERAL DIRECTOR: H. W. Pippin + Son ADDRESS: Elkton, Md.

D. R.

RECEIVED
JUN 24 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 '24

CERTIFICATE OF DEATH

Reg. Dist. No. 97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bainbridge
LENGTH OF STAY (in this place) 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New York — COUNTY Nassau
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedarhurst
STREET ADDRESS (If rural give location) 396 Oakland Avenue

3. NAME OF DECEASED: (Type or Print) (First) PASQUALE (Middle) PAUL (Last) GAROFANO

4. DATE OF DEATH: (Month) June (Day) 12 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 9-6-33

9. AGE last birthday: 18 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): -----

10b. KIND OF BUSINESS OR INDUSTRY: -----

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Paul (n) GAROFANO

14. MOTHER'S MAIDEN NAME: Fannie (n) BOVE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) -----

16 SOCIAL SECURITY No.: -----

17. INFORMANT & ADDRESS: Information taken from Service Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	Pulmonary Edema	6 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Glomerulonephritis, acute	12 days
	DUE TO (c)	Meningitis, Acute	1 day

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 11, 19 52, to June 12, 19 52, that I last saw the deceased alive on June 12, 19 52, and that death occurred at 0405, from the causes and on the date stated above.

SIGNATURE: A. J. LAUDANO — (Degree or title): LT MC USNR — ADDRESS: USNH Bainbridge, Md. — DATE SIGNED: 6-13-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial — DATE THEREOF: 6-13-52 — NAME OF CEMETERY OR CREMATORY: Holy Rood Cemetery — LOCATION (City, town, or county) (State): Hempstead, Nassau, L. I. N.Y.

DATE REC'D BY LOCAL REGISTRAR: 6-13-52 — REGISTRAR'S SIGNATURE: Dorothy B. Bramble — 24. FUNERAL DIRECTOR: Wm. A. Patterson & Son — ADDRESS: Perryville, Md.

COPY SENT TO ~~LOCAL~~ CHO REGISTRAR No.____ DATE 6/16/52

RECEIVED
JUN 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 3mo.16days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Dela. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wilmington
STREET ADDRESS (If rural, give location): 211 W. 30th

3. NAME OF DECEASED: (First) EZEKIEL (Middle) (Last) GOLT
4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 10-11-1895
9. AGE last birthday: 56 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith Helper
10b. KIND OF BUSINESS OR INDUSTRY: Blacksmith
11. BIRTHPLACE (State or foreign country): Dover, Delaware
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ezekiel Golt - Deceased
14. MOTHER'S MAIDEN NAME: Anne Shelton - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Pulmonary insufficiency (Emphysema) severe	Approx.20 yr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Polycythemia, secondary to No. 1	Since 1951
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4-26-52
19b. MAJOR FINDINGS OF OPERATION: Subtotal gastrectomy with anterior Polya gastrojejunostomy
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-18, 1952, to 6-3, 1952, that I last saw the deceased on [illegible], and that death occurred at 10:10 a.m., from the causes and on the date stated above.

SIGNATURE: VA
(DEGREE OR TITLE) ADDRESS: E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md.
DATE SIGNED: 6-3-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 6-3-52
NAME OF CEMETERY OR CREMATORY: Riverview
LOCATION (City, town, or county) (State): Wilmington, Del.

DATE REC'D BY LOCAL REG.: June 3 1952
REGISTRAR'S SIGNATURE: Ida M. Dougherty act Reg.
24. FUNERAL DIRECTOR: T. Madison Mitchell for
ADDRESS: JOHN W. SPICER FUNERAL HOME, WILMINGTON, DEL.

RECEIVED
JUN 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 90

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harks Point | LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harks Point
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) VION (Middle) WALTER. (Last) Gordon Jr
4. DATE OF DEATH (Month) 6 (Day) 16 (Year) 1952
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 9-2-1938
9. AGE last birthday 13 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Boy
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ripley W Va.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME Vion Walter Gordon.
14. MOTHER'S MAIDEN NAME Viona Cheney.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Thomas M Harkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowned.

X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) River | (CITY OR TOWN) Harks Point (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 6 (Day) 16 (Year) 52 (Hour) 8 m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Fell off Wharf

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R L Wockson MD (Degree or title) DME | ADDRESS Rising Sun Md. | DATE SIGNED 6-16-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF June 19 1952 | NAME OF CEMETERY OR CREMATORY Grace Lawn Cem. | LOCATION (City, town, or county) Wilmington (State) Del.

DATE REC'D BY LOCAL REG. June 16/52 | REGISTRAR'S SIGNATURE Mrs Harold W. Cheyney | 24. FUNERAL DIRECTOR Edward Billour Millington | ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
JUN 18 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 29yr.8mo.2days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Pa. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Philadelphia
STREET ADDRESS (If rural, give location): 432 E. Cheltenham Avenue

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) H. (Last) HAEFNER

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 2-6-1887

9. AGE last birthday: 65 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Making Dies

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Haefner - Deceased

14. MOTHER'S MAIDEN NAME: Fredericka Haefner - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Pulmonary tuberculosis, far advanced	Unk.
DUE TO			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)		
DUE TO			
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-3, 19 22, to 6-5, 19 52, ~~[illegible]~~ and that death occurred at 4:39 a.m., from the causes and on the date stated above.

SIGNATURE: E. P. Brannon (DEGREE OR TITLE) ADDRESS: E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. — DATE SIGNED: 6-6-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 6-6-52 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: June 6, 1952 — REGISTRAR'S SIGNATURE: Ida M. Daugherty — act Regr.

24. FUNERAL DIRECTOR ADDRESS: Pennington & Son — PENNINGTON & SON, Havre de Grace, Md.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

1

RECEIVED
JUN - 9 1952
BUREAU V. S.

28

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, LENGTH OF STAY (in this place) One 1 week	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital	STREET ADDRESS (If rural give location) E Main St

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Haney (Last)

4. DATE OF DEATH (Month) June (Day) 5 (Year) 1952

5. SEX M. | 6. COLOR OR RACE Wh. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH Apr. 20, 1861 | 9. AGE last birthday 91 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter (Retired) | 10b. KIND OF BUSINESS OR INDUSTRY Painting | 11. BIRTHPLACE (State or foreign country) Phila. Pa | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Cornelious Haney | 14. MOTHER'S MAIDEN NAME Amanda Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mr. Geo. F. Haney 295 Cleveland Ave. Wilm. Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) acute cardiac dilatation	5 minutes
400.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio vascular renal	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1925, to June 5, 1952, that I last saw the deceased alive on June 4, 1952, and that death occurred at 5 30 A m., from the causes and on the date stated above.

SIGNATURE J Herbert Bates (Degree or title) M D. ADDRESS Elkton Md DATE SIGNED June 6 - 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF June 9/52 | NAME OF CEMETERY OR CREMATORY Cathedral | LOCATION (City, town, or county) Wilmington Del (State)

DATE REC'D BY LOCAL REG. June 6 | REGISTRAR'S SIGNATURE F R Frazer | 24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 9 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton. LENGTH OF STAY (in this place) 5 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 229 E Main St

3. NAME OF DECEASED (Type or Print) (First) SUSAN (Middle) M. (Last) HEARN.
4. DATE OF DEATH (Month) June (Day) 25 (Year) 1952

6. SEX F.
6. COLOR OR RACE Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 27 1885
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home.
10b. KIND OF BUSINESS OR INDUSTRY House wife
11. BIRTHPLACE (State or foreign country) Pa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles McKechnie
14. MOTHER'S MAIDEN NAME Margaret Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Walter A. Hearn.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of lungs	2 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of breast	3 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1950
19b. MAJOR FINDINGS OF OPERATION Amputation of breast.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1945, to 6/25, 1952, that I last saw the deceased alive on 6/25, 1952, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE J Herbert Bates (Degree or title) M. D. ADDRESS Elkton Md DATE SIGNED 6/26/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 28/52
NAME OF CEMETERY OR CREMATORY Belfast Cemt
LOCATION (City, town, or county) Belfast Pa. Nr Easton Pa (State)

DATE REC'D BY LOCAL REG. June 27
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Lippincott Son ADDRESS Elkton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
JUL 1 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 97

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A45

1. PLACE OF DEATH
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bainbridge, Md.
LENGTH OF STAY (in this place): 5 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital
MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: IOWA
COUNTY: CASS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Atlantic
STREET ADDRESS (If rural, give location): 606 W. 10th St.

3. NAME OF DECEASED (Type or Print): (First) IRENE (Middle) GERALDINE (Last) JENSEN

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	6-10-18	33 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cashier	Variety Shop	Indiana	U.S.A.

13. FATHER'S NAME: Nathan Adams

14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	No	Not available	Husband - Loyd Jens Jensen, Oxford, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) LUPUS ERYTHEMATOSUS

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) MARKED ANEMIA TERMINAL BRONCHOPNEUMONIA

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 June, 1952, to 22 June, 1952, that I last saw the deceased alive on 22 June, 1952, and that death occurred at 6:47 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
JOHN S. SPEA, JR.	LT MC USNR	U. S. N. H. Bainbridge	6/25/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal-Burial	6-23-52	Atlantic Cemetery	Atlantic, Cass, Iowa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/23/52	Dorothy S. Burk	William G. Johnston	Oxford Pa.

RECEIVED
JUN 27
BUREAU N. S.

Item 18 Film Glab 7-7-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 31 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 7 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Fairfax
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL Mc Lean
STREET ADDRESS (If rural give location) Route No. 1, Mc Lean

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) L. (Last) KELLEY
4. DATE OF DEATH: (Month) June (Day) 26, (Year) 1952 19

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 5-17-92
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Chesterbrook, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Kelley
14. MOTHER'S MAIDEN NAME: Ada Turner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cardiac Decompensation	6 Mos
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cardiac Hypertrophy	Unknown
	DUE TO (c) Rheumatic Fever - Inactive at time of death	Unknown

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-19-52 19 , to 6-26-52 , 19 , ~~that I last saw the deceased~~ alive ~~[illegible]~~ 19 , and that death occurred at 6:50 AM , from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS DATE SIGNED
E.P. BRANNON, Chief Professional Services, V.A.H., Perry Point, Md. 6-29-52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 6-29-52
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) Arlington, Virginia (State)
DATE REC'D BY LOCAL REGISTRAR ~~6-29-53~~ 6/30/52
REGISTRAR'S SIGNATURE Ida W. Daugherty Act Reg.
24. FUNERAL DIRECTOR Pennington + Son PENNINGTON & SON, Havre De Grace, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 1

RECEIVED
JUL 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 4yrs3mos23days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ROSE (Last) LAUSCHER

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: July 13,1886
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JACKSON M. LAUSCHER
14. MOTHER'S MAIDEN NAME: BARBARE ELIZABETH MC CONNELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebro-vascular accident	12 days
442.X Antecedent cause(s)	DUE TO Arteriosclerotic cardiovascular renal disease	Unknown
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Feb. 14 19 48, to June 6, 1952, ~~that I last saw the deceased~~ ~~alive on~~ and that death occurred at 7:50p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
J. P. BRANNON, M.D. Chief, Professional Services, VAH., Perry Point, Md. 6-7-52

23. BURIAL, CREMATION REMOVAL (Specify): REMOVAL
DATE THEREOF June 7, 1952
NAME OF CEMETERY OR CREMATORY Sinking Spring Cemetery
LOCATION (City, town, or county) (State) Abingdon, Virginia.

DATE REC'D BY LOCAL REG. June 7 1952
REGISTRAR'S SIGNATURE Ida M. Daugherty act Reg
24. FUNERAL DIRECTOR Pennington & Son ADDRESS PENNINGTON & SON, HAVRE DE GRACE, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:

COUNTY: Cecil — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN: Perry Point

LENGTH OF STAY (in this place): 2 yr. 6 mo.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: D.C. COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington

STREET ADDRESS (If rural, give location): 647 Maryland Ave., N.E.

3. NAME OF DECEASED: (Type or Print) (First) HOWARD (Middle) W. (Last) LITTLE

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-29-1890

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George E. Little - Deceased

14. MOTHER'S MAIDEN NAME: Marion Reynolds - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral malacia, secondary to Sclerosis of	2 weeks
334 K Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	the cerebral vessels Pulmonary edema, slight	2 days
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-5, 1949, to 6-5, 1952, and that death occurred at 3:25 p.m., from the causes and on the date stated above.

SIGNATURE: E. P. Brannon, M.D.

(DEGREE OR TITLE) ADDRESS: Chief, Professional Services, VAH, Perry Point, Md.

DATE SIGNED: 6-6-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: 6-6-52

NAME OF CEMETERY OR CREMATORY: Unknown

LOCATION (City, town, or county) (State): Unknown

DATE REC'D BY LOCAL REG.: June 6/1952

REGISTRAR'S SIGNATURE: Ida M. Daugherty act Reg.

24. FUNERAL DIRECTOR: Pennington & Son

ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
JUN 9 1952
BUREAU V. S.

34

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Principio Furnace
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) H. (Last) McDowell			4. DATE OF DEATH (Month) June (Day) 1 (Year) 1952		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 12, 1901	9. AGE last birthday 50 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - General	10b. KIND OF BUSINESS OR INDUSTRY Govt Bainbridge		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John McDowell			14. MOTHER'S MAIDEN NAME Atkinson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give wer or dates of service)	16. SOCIAL SECURITY NO. 21-403-4699		17. INFORMANT Bernice M. McDowell		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocarditis — 1 1/2 yrs.

592x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Parenchymatous Nephritis — 1 1/2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) no	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐ —	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 1, 1952 to June 2, 1952, that I last saw the deceased alive on May 31st, 1952, and that death occurred at 9.05 p.m., from the causes and on the date stated above.

SIGNATURE Jacob [illegible] (Degree or title) ADDRESS Elkton DATE SIGNED June 2/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 6-3-52	NAME OF CEMETERY OR CREMATORY Methodist	LOCATION (City, town, or county) Principio Furnace (State) Md
DATE REC'D BY LOCAL REG. June 2	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR Joseph P. Grant	ADDRESS North East Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN. 5. 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

35

CERTIFICATE OF DEATH

Reg. Dist. No. 97

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bainbridge, Md.
LENGTH OF STAY (in this place) 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Mass. COUNTY --
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chelsea
STREET ADDRESS (If rural give location) 466 Broadway

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) FRANCIS (Last) MILLER, Jr.
4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: May 27, 1929
9. AGE last birthday: 23 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): ---
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Mass.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Francis Miller, Sr.
14. MOTHER'S MAIDEN NAME: Ella G. Nelson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY No.: ----
17. INFORMANT & ADDRESS: Information taken from Service Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Asphyxiation #8702	10 hrs.
241X Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Bronchitis, Acute #4190 with Status Asthmaticus	5 days
	DUE TO (c) Bronchiolectosis, asthma perenial	22 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Alcoholism #3221 — 2 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 June, 1952, to 18 June, 1952, that I last saw the deceased ~~alive on 18 June 1952~~, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

SIGNATURE F. E. WETZEL (Degree or title) LCDR MC USN ADDRESS U.S.N.H. Bainbridge, Md. DATE SIGNED 6/24/52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial
DATE THEREOF 6-19-52
NAME OF CEMETERY OR CREMATORY Forrest Dale Cemetery
LOCATION (City, town, or county) Maldien, Middlesex (State) Mass.
DATE REC'D BY LOCAL REGISTRAR 6/19/52
REGISTRAR'S SIGNATURE Dorothy B. Bramble
24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
JUN 27
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96 36

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Cecil — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point

LENGTH OF STAY (in this place): 16 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: D. C. COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington

STREET ADDRESS (If rural, give location): 316 M. Street, S. W. ✓

3. NAME OF DECEASED: (Type or Print) (First) STEPHEN (Middle) O. (Last) MILLS

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negro	Married	12-21-1888	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Unknown	St. Mary's Co., Md.	USA

13. FATHER'S NAME: Oliver Mills - Deceased

14. MOTHER'S MAIDEN NAME: Betty Spinks - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes — WW I	Unknown	Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary emboli bilateral, multiple	1 week
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Diverticulitis of sigmoid colon	Unknown
DUE TO		Approx.
	(c) Thrombophlebitis, both legs	1 year

574.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I VA attended the deceased from 6-6, 1952, to 6-22, 19 52, [illegible] and that death occurred at 6:45 p.m., from the causes and on the date stated above.

SIGNATURE: E. P. Brannon — (DEGREE OR TITLE) ADDRESS — DATE SIGNED

E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. 6-23-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	6-23-52	Arlington National	Arlington, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 23 1952	Ida M. Daugherty act Reg.	Eugene Ford	EUGENE FORD, 1213 Fourth St., S.W. Wash. D.C.

RECEIVED
JUN 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 37 / 15

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Rural
LENGTH OF STAY (in this place) 34 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun. Rural.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) SALLIE (Middle) BELLE (Last) MONGER.
4. DATE OF DEATH (Month) 6. (Day) 3 (Year) 1952
5. SEX F.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 6-11-1891
9. AGE last birthday 60 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Monterey, Hyland Cat. Co.
12. CITIZEN OF WHAT COUNTRY? A.
13. FATHER'S NAME W. J. W. Simmons
14. MOTHER'S MAIDEN NAME Fannie Wagner.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Otis Monger.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Acute Coronary Declusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. L. Dodson Jr. (Degree or title) DME ADDRESS Rising Sun Md. DATE SIGNED 6-3-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 6, 1952
NAME OF CEMETERY OR CREMATORY Brookview Cemetery
LOCATION (City, town, or county) Rising Sun (State) Md

DATE REC'D BY LOCAL REG. June 5-1952
REGISTRAR'S SIGNATURE L. M. McWhirington
24. FUNERAL DIRECTOR Ralph M Reed ADDRESS Rising Sun, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 6 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

'38

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
HOSPITAL OR INSTITUTION OR STREET ADDRESS Elkton, Blvd.	STREET ADDRESS (If rural give location) Elkton, Blvd.

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) L. (Last) Rambo			4. DATE OF DEATH (Month) June (Day) 21 (Year) 1952		
5. SEX Male	6. COLOR OR RACE Wh.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Oct 18, 1892	9. AGE last birthday 59 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter,	10b. KIND OF BUSINESS OR IND[redacted]Y Self, Emp.		11. BIRTHPLACE (State or foreign country) Elkton Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME Authur M. Rambo			14. MOTHER'S MAIDEN NAME Susan Lum		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Clarence Rambo		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	3 min
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio vascular renal	5 yrs
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1930, to 6/21, 1952, that I last saw the deceased alive on 6/20, 1952, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J Herbert Bates	M. D.	Elkton Md	6/22/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF June 23, 1952	NAME OF CEMETERY OR CREMATORY Elkton, Cemetery	LOCATION (City, town, or county) Elkton,	(State) Md.
DATE REC'D BY LOCAL REG. June 23	REGISTRAR'S SIGNATURE F R Frazer	24. FUNERAL DIRECTOR H. W. Pippin & Son	ADDRESS 259 E Main St Elkton Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) FLORENCE C REYNOLDS

4. DATE OF DEATH: (Month) (Day) (Year) 6 18 1952

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept 16 1885
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): North East Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William J. Reynolds
14. MOTHER'S MAIDEN NAME: Alfonsa B Howell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Ethel Brown North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary Thrombosis	2 hrs.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Hypertensive Cardiovascular Renal Disease	5 yrs (?)
(260.8)	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 10 yrs.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to 18 June, 1952, that I last saw the deceased alive on 18 June, 1952, and that death occurred at 1:45 A.m., from the causes and on the date stated above.

SIGNATURE Klaus H Huebner (DEGREE OR TITLE) M.D. ADDRESS North East, Md DATE SIGNED 18 June '52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 6-21-52
NAME OF CEMETERY OR CREMATORY Methodist
LOCATION (City, town, or county) Principio Cecil Co (State) Md

DATE REC'D BY LOCAL REG. 6-21-52
REGISTRAR'S SIGNATURE Sarah E. Rothermel
24. FUNERAL DIRECTOR Joseph R Grant ADDRESS North East Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 24 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 94

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Eastern Md. — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN North East Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) BETTIE LUCENTHA (Middle) RHOADES (Last)

4. DATE OF DEATH: (Month) 6 (Day) 24 (Year) 1952

5. SEX: F. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: 11-11-1951 | 9. AGE last birthday: 7 mos. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Canonton-Gaston Nat. N.C. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Cromwell Rhoades | 14. MOTHER'S MAIDEN NAME: Lucille Minton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS: Cromwell Rhoades North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Pneumonia

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒; accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) R. Woodson MD DME | ADDRESS Perryville Md. | DATE SIGNED 6-26-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 7-1-1952 | NAME OF CEMETERY OR CREMATORY Methodist | LOCATION (City, town, or county) (State) North East Cecil Md

DATE REC'D BY LOCAL REG. 7-1-1952 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR ADDRESS Joseph R Leach North East Md

RECEIVED
JUL 3 1952
BUREAU V. S.

11

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit, Rural
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Edwin (Middle) Henry (Last) Rowland

4. DATE OF DEATH (Month) (Day) (Year) June 28, 1952 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sept. 7, 1862
9. AGE last birthday 89 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Owner
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME James Harvey Rowland
14. MOTHER'S MAIDEN NAME Elizabeth Webb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT W. Malcolm Rowland, 1853 Guernsey Ave. Abington, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cancer Prostate gland c	2 yrs.
	(c) Metastasis to all Bones	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to June 28, 1952, that I last saw the deceased alive on June 27, 1952, and that death occurred at 1:10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. Port Deposit, Md. 6-28-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-30-1952
NAME OF CEMETERY OR CREMATORY West Nottingham
LOCATION (City, town, or county) (State) Colora, Md. Rural

DATE REC'D BY LOCAL REG. June 29, 1952
REGISTRAR'S SIGNATURE Ida M. Daugherty Act Reg.
24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.D. Elkton
LENGTH OF STAY (in this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.D. #2 Elkton
STREET ADDRESS (If rural, give location) R.D. #2

3. NAME OF DECEASED (Type or Print) (First) Clara (Middle) Belle (Last) Short
4. DATE OF DEATH (Month) 6 (Day) 11 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 3-23-65
9. AGE last birthday 87 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Kent County Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George Simmons
14. MOTHER'S MAIDEN NAME Josephine Price
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. P.C. Van Vant R.D. #2 Elkton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cereberal Hemorrhage	20 hrs
Antecedent cause(s)	(b) Cerebral Spasm	4 days
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Senile Arteriosclerosis	years?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Sinus Arrythemia-Myocarditis 4 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 June, 1952, to 11 June, 1952, that I last saw the deceased alive on 11 June, 1952, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE George Kreis, Jr (Degree or title) M.D. ADDRESS 201 E Main St. Elkton, Md DATE SIGNED 6/11/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE June 14, 1952
NAME OF CEMETERY OR CREMATORY Head of Christiana
LOCATION (City, town, or county) (State) Newark Nela.
DATE REC'D BY LOCAL REG. June 13
REGISTRAR'S SIGNATURE F.R. Frazer
24. FUNERAL DIRECTOR W. Henry Pippin Elkton, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 16 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo
LENGTH OF STAY (in this place) 59 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Delmar (Last) Smith

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 30, 1872

9. AGE last birthday: 79 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miller

10b. KIND OF BUSINESS OR INDUSTRY: Flour Mill

11. BIRTHPLACE (State or foreign country): York Co. Pa.

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Lee Smith

14. MOTHER'S MAIDEN NAME: Sarah DeMoss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: S. Delmar Smith Comowingo, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Angina Pectoris	2 days
420.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	3 yrs
	(c) Arterio Sclerosis	3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7, 1952 to June 9, 1952 that I last saw the deceased alive on June 9, 1952 and that death occurred at 4 P.M. from the causes and on the date stated above.

SIGNATURE: L. L. Snodgrass (Degree or title) M.D. ADDRESS Darlington Md. DATE SIGNED 6/10/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: June 12 1952 | NAME OF CEMETERY OR CREMATORY: Harmony Chapel | LOCATION (City, town, or county) (State): Near Conowingo, Md.

DATE REC'D BY LOCAL REG.: June 10-1952 | REGISTRAR'S SIGNATURE: L. M. Worthington

24. FUNERAL DIRECTOR: J. E. Tyson | ADDRESS: Rising Sun, Md

RECEIVED
952
BUREAU W. S.

14

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Hill — LENGTH OF STAY (in this place) 20 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Hill
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cedar Hill	STREET ADDRESS (If rural give location) Cedar Hill

3. NAME OF DECEASED (Type or Print) (First) William (Middle) (Last) Smith

4. DATE OF DEATH (Month) June (Day) 21 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months / Days	If under 24 hrs. Hours / Min.
Male	Col	Married	4/4/66	86 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	B.&O.R.R.	King & Queen Co. Va.	U.S

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Alice-?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		none	Bertha Smith-Cedar Hill, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral accident	6/15/52
446x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	10 yrs
	(c) Interstitial nephritis	10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. — —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/15, 1952, to 6/21, 1952, that I last saw the deceased alive on 6/20, 1952, and that death occurred at 6.30 A.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James L Johnson	MD	1456 E High St Elkton, Md	June 25 1952

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/26/52	Cedar Hill Cem.	Cedar Hill, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 26	F K Frazer	Edw K Bell	909 Poplar St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 27 195
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Philadelphia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural, give location) 342 S. Second

3. NAME OF DECEASED (Type or Print) (First) Curtis (Middle) Richard (Last) Stokes Jr.
4. DATE OF DEATH (Month) 6 (Day) 13 (Year) 1952
5. SEX M.
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 5-13-52
9. AGE last birthday yrs. If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Philadelphia Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Curtis Richard Stokes
14. MOTHER'S MAIDEN NAME Maccil Green.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Maccill Stokes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cranial Injury.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 40 (CITY OR TOWN) North East (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 6 (Day) 13 (Year) 52 (Hour) 18 45 m. INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto turned over 3 times

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ] accident [X], suicide , homicide , undetermined .

SIGNATURE Rle Dodson MD (Degree or title) Dm E ADDRESS Rising Sun Md. DATE SIGNED 6-13-52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF June 14, 1952
NAME OF CEMETERY OR CREMATORY Phila.
LOCATION (City, town, or county) Philadelphia (State) Pa
DATE REC'D BY LOCAL REG. June 14
REGISTRAR'S SIGNATURE F K Fraz
24. FUNERAL DIRECTOR H. W. Pippin & Son ADDRESS Elkton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415A

RECEIVED
JUN 17 1952
BUREAU U. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (In this place) 10 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Philadelphia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural, give location) 342 S. Second

3. NAME OF DECEASED (Type or Print) (First) Curtis (Middle) Richard (Last) Stokes

4. DATE OF DEATH (Month) 6 (Day) 13 (Year) 1952

5. SEX M.
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 11- -1919
9. AGE last birthday 32 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chef
10b. KIND OF BUSINESS OR INDUSTRY Cook
11. BIRTHPLACE (State or foreign country) Chicago, Ill.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME no information
14. MOTHER'S MAIDEN NAME no information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Maecul Stokes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Crushed chest

822.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 40 (CITY OR TOWN) North East (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 6 (Day) 13 (Year) 52 (Hour) 10.50 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto turned over 3 times

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. C. Dodson MD (Degree or title) DME ADDRESS Rising Sun Md. DATE SIGNED 6-13-52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF June 14, 1952
NAME OF CEMETERY OR CREMATORY Phila.
LOCATION (City, town, or county) Philadelphia (State) Pa.
DATE REC'D BY LOCAL REG. June 14
REGISTRAR'S SIGNATURE F. R. Frazer
24. FUNERAL DIRECTOR H. W. Pippin & Son ADDRESS Elkton Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

116347

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A13A

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; LENGTH OF STAY (In this place) 9 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N.J. COUNTY Cumberland; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vineland; STREET ADDRESS 506 N. 2nd. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) DORA. (Middle) (Last) WILLIS

4. DATE OF DEATH: (Month) 6 (Day) 30 (Year) 1952

5. SEX F. | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH 5-5-1916 | 9. AGE last birthday 37 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Market | 10b. KIND OF BUSINESS OR INDUSTRY Clothing | 11. BIRTHPLACE (State or foreign country) Atlantic City NJ | 12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME George Rogunk. | 14. MOTHER'S MAIDEN NAME no information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. 150-01-8435 | 17. INFORMANT AND ADDRESS Chester V. Willis Jr. 506 N. 2nd. Vineland N.J.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured skull and Rt

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Shoulder. Crushed left side of

(c) Chest. Multiple Bruises & abrasions

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 40. | (CITY OR TOWN) North East RD | (COUNTY) Cecil | (STATE) Md.

TIME OF INJURY (Month) 6 (Day) 30 (Year) 52. (Hour) p.m. 9 | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? auto turned over.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. E. Dodson (Degree or title) M.D. ADDRESS Rising Sun Md. DATE SIGNED 6-30-52.

23. BURIAL, CREMATION REMOVAL (Specify) Removal | DATE THEREOF July 1, 1952 | NAME OF CEMETERY OR CREMATORY Vineland | LOCATION (City, town, or county) Vineland | (State) New Jersey

DATE REC'D BY LOCAL REG. June 30 | REGISTRAR'S SIGNATURE F. M. Frazer | 24. FUNERAL DIRECTOR H. W. Pippin & Son | ADDRESS Elkton Md

Dr. W. C. Rusby.

RECEIVED
JUL 3 1952
BUREAU V. S.